

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107-3134



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT-110120184024

**January 3, 2019**

Cindy Beane  
Commissioner for the Bureau for Medical Services  
West Virginia Department of Health and Human Resources  
Commissioner's Office  
350 Capitol Street - Room 251  
Charleston, WV 25301-3706

RE: WV-2018-11-01-MMIS-APDUMITA (Corrected)

Dear Ms. Bean:

This letter is a corrected approval letter replacing the Centers for Medicare and Medicaid Services (CMS) approval dated December 18, 2018, related to West Virginia's request that the Centers for Medicare and Medicaid Services (CMS) review and approve the state's Medicaid Management Information System (MMIS) Medicaid Information Technology Architecture (MITA). The submission was received by the MMIS mailbox on November 1, 2018. This letter corrects the MMIS Enhanced Funding Total Computable for FFY 2018 which was listed as \$8,817,363, the updated amount for FFY 2018 is \$7,199,321.

West Virginia's MITA APD provides project reporting related to the 2017 - 2018 MITA Maintenance and Annual Update Project, Adult Benefits Plan (ABP) Analysis Project, Gap Assessment Project Management Services (GAPMS) Project, Access to Care (ATC) Monitoring Plan, Provider Enrollment Application (PEA) Reenrollment Project, Technical Information and Enterprise Project Management Services (TEPMS), Behavioral Health and Human Facilities (BHFF) Grant Redesign, 2017 - 2018 MITA SS-A Maintenance and Annual Update Assistance, Edit and Fee Schedule Business Process Maturity and Improvement, and Substance Use Disorder (SUD) Section 1115 Waiver (Waiver) Initiative Phase II Projects. CMS has completed its review of this APD and approves the scope described in West Virginia's APD. CMS also approves the Medicaid Federal Financial Participation (FFP) for Federal fiscal year(s) FFY 2017, FFY 2018, FFY 2019, FFY 2020, FFY 2021, and FFY 2022 as described in the tables in Appendix A, covering the date of this letter through September 30, 2020. This APD-U also includes requests for reallocation of previously approved funds as well as a request for new funding to support the MITA initiatives outlined within Section 4.0 of this APD-U. Details on the requested reallocation and new funds are as follows: A request to reallocate previously approved funds in the amount of \$529,366 Total Computable (\$476,429 FFP/\$52,937 State) from FFY 2017 to FFY 2019. A request for additional funding in the amount of \$5,266,213 Total Computable (\$4,739,592 FFP/\$526,621 State) for FFY 2019. A request for additional funding in the amount of \$4,095,480 Total Computable (\$3,674,444 FFP/\$421,036 State) for FFY 2020. A request for additional funding in the amount of \$1,923,112 Total Computable (\$1,730,801 FFP/\$192,311 State) for FFY 2021. A request for additional funding in the amount of \$412,500 Total Computable (\$371,250 FFP/\$41,250 State) for FFY 2022.

CMS has completed its review of this APD. The UPI numbers are WV-2014-02-03 MITA (2017); WV-2014-02-04 MITA (2018); WV-2014-02-05 MITA (2019); WV-2014-02-06 MITA (2020); WV-2014-02-07 MITA (2021); WV-2014-02-08 MITA (2022)

This approval letter supersedes any previous letters that may have been issued for the approval period noted above. This letter includes all previously approved funds covering the approval period for Medicaid eligibility and enrollment funding. Appendix B contains additional information about Federal guidance and the state's responsibilities concerning the APD.

Please plan on submitting an Annual APD Update before August 1, 2019 outlining budget and implementation activities for the next Federal Fiscal year so that the future year's funding may be approved. CMS has 60 days to review and respond to a state's APD submission. Failure to timely submit an Annual APD Update may put the state at risk for not having FFP for future Federal fiscal years.

MMIS APDs, RFPs, and contracts should be sent to the CMS dedicated mailbox: [MedicaidMMIS@cms.hhs.gov](mailto:MedicaidMMIS@cms.hhs.gov) and the cover letter should be addressed to the CMS Associate Regional Administrator (ARA). If there are any questions regarding the above, please contact Chuck Steinmetz at (215) 861-4169 or via e-mail at [charles.steinmetz@cms.hhs.gov](mailto:charles.steinmetz@cms.hhs.gov).

Sincerely,

Francis T. McCullough  
Associate Regional Administrator

Cc:

Insert: Jon Cain, WV

Insert: Francis McCullough, CMS

Insert: Charles Steinmetz, CMS

Insert: Sabrina Tillman-Boyd, CMS

Insert: Teia Miller, CMS

Insert: MMIS mailbox; [MedicaidMMIS@cms.hhs.gov](mailto:MedicaidMMIS@cms.hhs.gov)

Appendix A

West Virginia Medicaid Detailed Budget Table

Covers Federal Fiscal Years (FFY) 2017-2022 (ending September 30, 2021)

Funding amounts described below are summarized by FFY; however funding is only approved to be used in accordance with the approval dates described in this letter

DDI	MMIS CMS Share (90% FFP)	State Share (10%)	MMIS CMS Share (75% FFP)	State Share (25%)	MMIS CMS Share (50% FFP)	State Share (50%)	MMIS ENHANCED FUNDING FFP Total	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	2A+ & 2B+	--	2A+ & 2B+	--	2A+ & 2B+	--		--	
FFY 2017	\$2,266,356	\$251,817	\$0	\$0	\$0	\$0	\$2,266,356	\$251,817	\$2,518,173
FFY 2018	\$6,479,389	\$719,932	\$0	\$0	\$0	\$0	\$6,479,389	\$719,932	\$7,199,321
FFY 2019	\$12,726,508	\$1,414,057	\$0	\$0	\$0	\$0	\$12,726,508	\$1,414,057	\$14,140,565
FFY 2020	\$5,257,448	\$584,161	\$0	\$0	\$0	\$0	\$5,257,448	\$584,161	\$5,841,609
FFY 2021	\$1,730,801	\$192,311	\$0	\$0	\$0	\$0	\$1,730,801	\$192,311	\$1,923,112
FFY 2022	\$371,250	\$41,250	\$0	\$0	\$0	\$0	\$371,250	\$41,250	\$412,500

M&O	MMIS CMS Share (75% FFP)	State Share (25%)	MMIS CMS Share (50% FFP)	State Share (50%)	MMIS ENHANCED FUNDING FFP Total	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	4A+ & 4B+	--	5A+ & 5B+ & 5C	--		--	
FFY 2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FFY 2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FFY 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FFY 2020	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FFY 2021	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FFY 2022	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Totals	MMIS CMS Share	State Share	MMIS CMS Share	State Share	MMIS CMS Share	State Share	MMIS ENHANCED FUNDING FFP Total	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	2A+ & 2B+	--	4A+ & 4B+	--	5A+ & 5B+ & 5C	--		--	
FFY 2017	\$2,266,356	\$251,817	\$0	\$0	\$0	\$0	\$2,266,356	\$251,817	\$2,518,173
FFY 2018	\$6,479,389	\$719,932	\$0	\$0	\$0	\$0	\$6,479,389	\$719,932	\$7,199,321
FFY 2019	\$12,726,508	\$1,414,057	\$0	\$0	\$0	\$0	\$12,726,508	\$1,414,057	\$14,140,565
FFY 2020	\$5,257,448	\$584,161	\$0	\$0	\$0	\$0	\$5,257,448	\$584,161	\$5,841,609
FFY 2021	\$1,730,801	\$192,311	\$0	\$0	\$0	\$0	\$1,730,801	\$192,311	\$1,923,112
FFY 2022	\$371,250	\$41,250	\$0	\$0	\$0	\$0	\$371,250	\$41,250	\$412,500

†MBES Line Item	
2A	MMIS- Design, Development or Installation of MMIS: Cost of In-house Activities
2B	MMIS- Design, Development or Installation of MMIS: Cost of Private Contractors
4A	MMIS- Operations of MMIS: Cost of In-house Activities
4B	MMIS- Operations of MMIS: Cost of Private Contractors
5A	MMIS- Mechanized Systems, not approved under MMIS procedures: Cost of In-house Activities
5B	MMIS- Mechanized Systems, not approved under MMIS procedures: Cost of Private Contractors
5C	<b>MMIS- TBD</b>
49	Other 50% - Title 19 (Medicaid) Other Financial Participation

FFP rates for specific activities and costs can be found at 76 FR 21949, available at <https://federalregister.gov/a/2011-9340>

Appendix B

CMS approval of this APD is in accordance with Federal regulations at 42 CFR § 433, subpart C, “Mechanized Claims Processing and Information Retrieval Systems,” 45 CFR § 95, subpart F, “Automatic Data Processing Equipment and Services - Conditions for Federal Financial Participation,” 42 CFR § 457.230, “FFP for State ADP expenditures and State Medicaid Manual (SMM) Part 11.”

The amounts allocated per Federal fiscal year in Appendix A cannot be reallocated between Federal fiscal years, even within the period of this letter’s approval, without submission and approval of an APD Update. Only actual costs incurred are reimbursable.

Please refer to Federal regulations at 42 CFR § 433 for specific FFP rates for the variety of activities supporting proper matching rates. Specifically, please note that commercial off the shelf (COTS) licenses are matched at 75 percent FFP and training is matched at 50 percent FFP.

CMS will be monitoring progress of the state’s MMIS modernization project using the Medicaid Enterprise Certification Life Cycle (MELC) model. This approach supports the high degree of interaction between CMS, State and project stakeholders. Based on the state’s project management plan, CMS will be working with the state to schedule the next Medicaid IT review.

As part of the MELC model, the state should submit to CMS monthly status reports as well as participate in regular monitoring calls. Monthly status reports should include, at a minimum, the status of the project as well as risks, issues, and planned mitigations.

As described in regulation at 45 CFR § 95.611, Requests for Proposals (RFPs) or contracts that the state procures with funding from the herein approved APD, must be approved by CMS prior to release of the RFP or prior to execution of the contract.

CMS requires the State to be in conformance with the technical documentation in the T-MSIS State Support Site in Confluence, the CMS collaboration tool, (<https://tmsis2.atlassian.net/wiki/spaces/STATE/pages/380895588/T-MSIS+Technical+Compliance+Documentation> [[tmsis2.atlassian.net](https://tmsis2.atlassian.net)]) and in the T-MSIS Coding Blog on Medicaid.gov (<https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/index.html> [[medicaid.gov](https://www.medicaid.gov)]). **If you need access to the T-MSIS State Support Site, please contact the CMS T-MSIS Help Desk at [T-MSIS\\_Helpdesk@cms.hhs.gov](mailto:T-MSIS_Helpdesk@cms.hhs.gov).** CMS expects the State to consider and incorporate T-MSIS requirements in every phase of the SDLC as applicable for any changes to state system that impacts T-MSIS data reporting. The State is required to keep T-MSIS production data current until the State has been able to demonstrate successfully the changes to be implemented and continue to meet T-MSIS data reporting requirements. Data to be submitted must not result in any degradation in the level of accuracy, completeness, or timeliness of the State’s T-MSIS production data submissions. CMS expects the State to successfully complete implementation deliverables that validate comparability of data submissions and share these results with CMS. Should the new or enhanced system fail to maintain and produce all federally required program management data and information, including the required T-MSIS eligibility, provider, claim,

and managed care encounter data, in accordance with all applicable regulations and sub-regulatory guidance and the approved APD for this effort, FFP may be suspended or disallowed as provided for in federal regulations at 45 CFR 95.612.